

## MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021730

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 365

Primary Registration District No. 6225

Registrar's No. 80

STATE FILE NUMBER

FILED MAY 22 1962

## 1. PLACE OF DEATH

a. COUNTY Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Washington TownshipLength of stay in lb  
2 mo. 9 dayc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION State Hospital #3Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Bartonc. CITY  
OR  
TOWN MindenminesInside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS (If outside, give location)Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Alice Mae Robson4. DATE  
OF  
DEATH May 14, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-17-93

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Weir City, Kansas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

George Hodgson

## 13b. MOTHER'S MAIDEN NAME

Anna Thompson

## 14. NAME OF HUSBAND OR WIFE

Joe Robson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

Records of  
State Hospital #3, Nevada, Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Broncho-Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

48 hours

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arteriosclerotic Heart Disease

years

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a) Chronic Brain Syndrome

Associated with Circulatory Disturb. Cere. Arteri. Psy. Re.

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 5, 1962 to May 14, 1962 and last saw her alive on May 14, 1962  
Death occurred at 12:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

State Hospital #3, Nevada

## 22c. DATE SIGNED

5-14-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

5/17/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Garden of Memories

## 23d. LOCATION (City, town, or county)

Pittsburg,

## (State)

Kan.

## 24. FUNERAL DIRECTOR

ADDRESS

John C. Friskel Frontenac, Ks.

## 25. DATE RECD. BY LOCAL REG.

5-18-1962

## 26. REGISTRAR'S SIGNATURE

Anna E. Jung

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

MAY 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*John C. Friskel*

Licensed Embalmer No. 1775

P. O. Address 230 E. McKay  
Frontenac, Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.